

Statement of Organization (Slate Mailer Organization)

(Government Code Sections 84100,84101,84103,84104,84108)

Type or print in ink.

Amendment <input type="checkbox"/> Check box if an Amendment and enter I.D. number: # 000	Date Stamp	CALIFORNIA 1992 FORM 400 FOR OFFICIAL USE ONLY
Date qualified as a Slate Mailer Organization: (Month, Day, Year) _____	1/4	

Please check one box to indicate the organization's level of activity:

- ☐ CITY
☒ STATE
☐ COUNTY

File an original and one copy of this form with:
Secretary of State
Political Reform Division
P.O. Box 1467
Sacramento, CA 95812-1467

And, if applicable, file one copy of this form with:
The city or county filing officer, if any, with whom the organization must file its original campaign disclosure statements.

I Slate Mailer Organization Information

FULL NAME OF SLATE MAILER ORGANIZATION:

DISTRICT 8 PROGRESSIVE DEMOCRATS VOTER GUIDE

STREET ADDRESS OF SLATE MAILER ORGANIZATION: (NO. AND STREET)

CITY	STATE	ZIP CODE	COUNTY	AREA CODE	PHONE NUMBER
SAN FRANCISCO	CA	94114			

MAILING ADDRESS OF FILER (IF DIFFERENT THAN ABOVE):

A OFFICIAL USE ONLY

B OFFICIAL USE ONLY

II Treasurer And Other Principal Officers

	NAME AND PERMANENT ADDRESS	(AREA CODE) DAYTIME PHONE NO.
TREASURER	Albany Aroyan San Francisco CA 94114	

Please see attached pages for other officers

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT FOR SLATE MAILER ORGANIZATIONS

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1992 FORM **400**

2/4

FULL NAME OF SLATE MAILER ORGANIZATION:
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III Individuals Who Authorize Contents Of Slate Mailers (See Instructions on Reverse)

Please see attached pages

IV Is This Organization A "Committee" Pursuant To Government Code Section 82013?

☐ **YES** (PROVIDE THE NAME AND, IF RECIPIENT COMMITTEE, THE IDENTIFICATION NUMBER OF THE COMMITTEE.)

☒ **NO**

NAME: _____ ID NO. _____

V Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/30/2017 At San Francisco By Albany Aroyan CA
DATE CITY AND STATE SIGNATURE OF RESPONSIBLE OFFICER

Name of Responsible Officer Albany Aroyan CA Title Officer (Reponsible)
(TYPE OR PRINT)

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3/4

II Treasurer And Other Principal Officers

POSITION	NAME AND PERMANENT ADDRESS	(AREA CODE) DAYTIME PHONE NO.
Vice President	Mahoney Michael San Francisco CA 94114	

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FULL NAME	ADDRESS (NO. AND STREET, CITY, STATE, ZIP CODE)	(AREA CODE) DAYTIME PHONE NO.
Michael Mahoney	San Francisco CA 94114	